


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90754 011 \*\*\*\*50.00

0025919

|   |   |
|---|---|
| <b>DOCUMENT #</b> L00000012915                                |  |
| 1. Entity Name<br><b>LAKE BUENA VISTA VACATION CLUB, L.C.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>5160 S. UNIVERSITY DR<br/>DAWIE FL 33028</b> | Mailing Address<br><b>PO BOX 267068<br/>WESTON FL 33326-7068</b> |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>P.O. Box 267068</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
|--|---|

|                                   |              |
|-----------------------------------|--------------|
| City & State<br><b>WESTON, FL</b> | City & State |
| Zip<br><b>33326</b>               | Country      |

|   |  |
|---|--|
| 4. FEI Number<br><b>81-0555798</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>HATCH, IRA C<br/>1701 HIGHWAY A1A, STE. 220<br/>VERO BEACH FL 32963</b> |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | Zip Code |

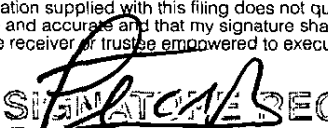
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$50.00</b>                        |  |
| <b>Make Check Payable to Florida Department of State</b> |  |
| <b>Due By May 1, 2003</b>                                |  |

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MARULANDA, PABLO<br/>PO BOX 267068<br/>WESTON FL 33326-7068</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/21/03** Daytime Phone # **954.389.6229**

CR2E083 (10/02)